

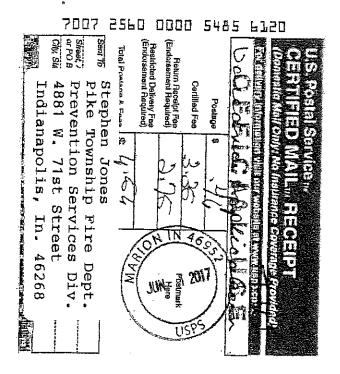
INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

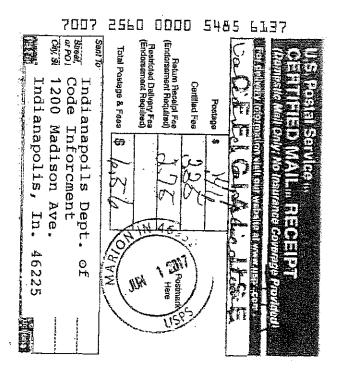
302 West Washington Street, Room W246 Indianapolis, IN 45204-2738 http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 1 APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Ĩine Kelly McClure President Name of organization Telephone number McClure Oil Corporation (765) 674-9771 Address (number and street, city, state, and ZIP code) PO Box 1750 Marion, Indiana 46952 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Tracy Wines Director of Maintenance Name of organization Telephone number McClure Oil Corporation Address (number and street, city, state, and ZIP code) (765) 674-9771 PO Box 1750 Marion, Indiana 46952 3. DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional License number Name of organization Telephone number Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION Name of project State project number County McClure Oil Corporation #43 Address of site (number and street, city, state, and ZIP code) NA NA 4945 W 71st Indianapolis, Indiana 46268 Type of project □ New ☐ Addition ☐ Alteration ☐ Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (cneck as applicable). A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. **5. VIOLATION INFORMATION** Has the Plan Review Section of the Division of Fife and Building Salety issued a Correction Order? ☐ Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) ☐ No Violation issued by: Local Building Department State Fire and Building Code Enforcement Section

7. DESCRIPTION OF REQUESTED VARIANCE		
Name of code or slandard and edition involved	Specific လုပ်ခဲ့ နိမင်မှာဂ	
2014/ Sec.2303.1-#2	2303.1-2 & 2303	3.1-5
Nature of non-compliance (Include a description of spaces, Dispenser within 10' of building having combus Nozzel reaching within 5' of opening (window)	stible exterior wall.	
This has been the situation at least 25 years.	on for both of the above	e items for
8. DEMONSTRATION THAT PUBLIC HEALTH, SA Select one of the following statements:	FETY AND WELFARE WILL BE PROTECTE	Ēρ
Non-compliance with the rule will not be adverse	a to the public burlling.	
Applicant will undertake alternative actions in lie public health, safety, or welfare. Explain why alt	at of commission with the same	anting of the variance will not be adverse to fic.).
Facts demonstrating that the above selected statement is true Add crash bar to building extension for faster, no Per Fire Inspector (Stephen Jones)	0,	
9. DEMONSTRATION OF UNDUE HARDSHIP OR H	ISTORICALLY SIGNIFICANT STRUCTURE	
Select at least one of the following statements:		
Imposition of the rule would result in an undue hard	Iship (unusual difficulty) because of physical lim	itations of the construction site or its utility services.
imposition of the fulle would result in an undue hard	ship (unusual difficulty) because of major opera	tional problems in the use of the building or et-student
- "Thousagon of the fulle would result in an undue hard	ship (unusual difficulty) because of excessive co	osts of additional or altered construction alarmants
imposition of the fulle would prevent the preservation	n of an architecturally or a historically significant	t part of the building or structure.
Facts demonstrating that the above selected statement is true:		g of outday.
In order to conform with ID	EM rules, we would nood	7 #4 4
GOODIE WEIT DIDE [O BII	dispensers and neals -	
	Alkhandar that in he it	le pay
window. Aprox. cost \$125,00	0.00,	
10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the int	formation contained in this application is a	accurate.
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
Signature of design professional (if applicable)	Tracy Wines	4-25-2017
	Please print name	Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application	is submitted on the applicant's behalf, the	applicant must sign the following and
hereby certify under penalty of perjury that I am awai	re of this request for variance and that this	application is being out to the
Signature of applicant	Please print name	
ALL WY	Kelly A. McClure	Date of signature (month, day, year) 4-25-2017





U.S. Postal Service (CERTIFIED MAIL, RECEIPT (Commestic Meil Only, No insurance Coverage Provided Formatting Information (Platical Postage Provided Formatting Information (Platical Postage Provided Formatting Indianapoils Dept. of Service Code Inforcent Comment Formatting Indianapoils Dept. of Total Postage & Fees Service Code Inforcent Total On Madison Ave.	© COMPLETE THIS SECTION COMPLETE THIS SECTION ON DETINERY Complete mems 1, 2, and 3. Print your mane and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. A Signature A Signature A Signature A Signature B. Received by (Printed Name) Continue from item 17 □ Yes Stephen Jones Prevention Services Div. 4881 W. 71st Street Indianapolis, In. 46268 Service Type Addresse A Signature B. Received by (Printed Name) D is delivery address different from item 17 □ Yes It YES, enter delivery address below: □ No Prevention Services Div. 4881 W. 71st Street Indianapolis, In. 46268 Service Type Confined Name Confined Name Profit yeal Expresse Restricted Delivery Pagistered Mail Restricted Profit year of the malipiece, or or
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Remove X

Tracking Number: 70072560000054856137

Delivered

Product & Tracking Information

See Available Actions

Postal Product:

Features: Certified Mail™

DATE & TIME

STATUS OF ITEM

LOCATION

June 5, 2017, 11:27 am

Delivered, Left with Individual

INDIANAPOLIS, IN 46225

Your item was delivered to an individual at the address at 11:27 am on June 5, 2017 in INDIANAPOLIS, IN 46225.

June 3, 2017, 9:27 am

Business Closed

INDIANAPOLIS, IN 46204

June 3, 2017, 9:03 am

Business Closed

INDIANAPOLIS, IN 46225

June 3, 2017, 8:13 am

Arrived at Unit

INDIANAPOLIS, IN 46204